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IMPROVEMENT OF EARLY INVASIVE TREATMENT FOR NSTEMI OVER TIME IN CLINICAL PRACTICE IN EUROPE: LESSONS FROM THE EURO HEART SURVEY ACS REGISTRY

ACC Poster Contributions

Ernest N. Morial Convention Center, Hall F

Monday, April 04, 2011, 3:30 p.m.-4:45 p.m.

Session Title: Unstable Ischemic Syndrome -- Clinical: Risk Stratification

Abstract Category: 2. Unstable Ischemic Syndrome--Clinical

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Background: ESC guidelines for the management of NSTEMI recommend an early invasive strategy in high-risk patients. In clinical practice, only a minority of patients are referred to an invasive strategy.

Methods: Between October 2006 to October 2008, 21,582 consecutive patients with ACS were enrolled into the Euro-Heart-Survey ACS-Registry to document treatment and hospital complications. We examined the development of early invasive treatment in patients with NSTEMI over the time of 2 years by dividing the population into 4 periods of 6 months, according to date of admission.

Results: During the study period, a total of 11,550 patients with NSTEMI were enrolled. Over the time period of 2 years the prevalence of prior PCI and diabetes increased whereas prior MI as well as prior stroke and renal failure decreased. No differences were found in age, gender and clinical presentation with cardiogenic shock. From 2006 to 2008 the number of patients with NSTEMI undergoing coronary angiography significantly increased from initially 55.7% to finally 64.5%. At the same time more patients did undergo PCI in the acute setting of NSTEMI. No differences were found in clinical outcome (death / MI / stroke) between the 4 time periods of 6 months each.

	Period 1	Period 2	Period 3	Period 4	p-value for trend
Age (years)	68.7	67.0	69.1	68.5	ns
Female Gender	36.5%	37.6%	37.0%	35.1%	ns
Prior MI	32.4%	27.7%	30.5%	28.1%	<0.01
Prior PCI	17.0%	16.1%	20.9%	19.9%	<0.01
Prior CABG	6.4%	5.7%	7.9%	7.0%	ns
Prior Stroke	7.8%	5.2%	6.0%	5.2%	<0.01
Renal Failure	11.6%	9.0%	10.3%	8.3%	<0.01
Diabetes	29.2%	29.9%	32.3%	31.2%	<0.05
Killip 4	1.2%	1.2%	1.3%	1.0%	ns
NSTEMI	58.3%	52.0%	54.8%	55.1%	ns
Treatment Approach					
Primary conservative	44.0%	40.0%	34.4%	35.2%	<0.01
Coronary Angio, then conservative	13.4%	14.8%	15.2%	12.3%	ns
Coronary Angio, then PCI	39.6%	41.7%	47.0%	48.8%	<0.01
Coronary Angio, then CABG	3.0%	3.5%	3.4%	3.6%	ns
Acute medical treatment					
Aspirin	94.7%	92.8%	92.4%	93.7%	ns
Clopidogrel	63.9%	81.2%	85.4%	90.9%	<0.01
GP IIb/IIIa	15.4%	12.2%	12.0%	8.8%	<0.01
Hospital Outcome					
Death	2.8%	2.6%	3.0%	2.6%	ns
MI	1.6%	1.2%	1.3%	1.2%	ns
Stroke	0.7%	0.4%	0.4%	0.4%	ns

Conclusion: Between 2006 and 2008 the number of NSTEMI patients undergoing coronary angiography and PCI significantly increased in clinical practice in Europe. No differences were found in in-hospital clinical endpoints between the 4 time periods of 6 months.